

Improving the landscape of substance misuse in undergraduate medical education in the UK: travelling through time from an idea to change.

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Context & Concerns

Substance misuse is a major public health challenge both nationally and globally. The use and misuse of alcohol, drugs (licit and illicit), and of tobacco have impacts on individual patients, their families and communities. Doctors within all branches of medicine are very likely to encounter individuals with substance-related health problems, with newly qualified doctors often feeling unprepared to deal with problems associated with substance misuse. Research, including surveys into the undergraduate medical UK curricula between the late 1980s and 2004 ⁽¹⁾, found that substance misuse was generally very poorly represented in the training of our future doctors; and the number of hours allocated to teaching in substance misuse was small. ^(2,3,4) It was taught mainly within the disciplines of psychiatry and pharmacology, thus reinforcing the false notion that substance misuse is a niche specialty topic. ⁽¹⁾ It was also found that there were numerous initiatives in North America, some establishing a core curriculum and others developing teaching, with very little happening in the UK. The lessons were clear: substance misuse has to be integrated in to the curriculum of medical students, and it has to be a topic introduced from the very beginning of the course – not least for students' own health and professional behaviour. Funding was sought to address the issues.

Project initiated:

The 'Substance Misuse in the Undergraduate Medical Curriculum Project' was set up & led by The International Centre for Drug Policy, St George's, University of London, with the aim of improving substance misuse teaching in undergraduate medicine, and funded by the Department of Health.

Phase 1: Review 2005-07

Surveyed the ways in which substance misuse problems were being taught in all UK medical schools and found; no commonality of approach in what was taught about substance misuse; alcohol covered well, but relatively few covered teaching about other drugs; teaching was concentrated in the specialty niches; and optional learning about substance misuse was done through 'student selected components' (SSCs).

Outcomes:

Substance misuse in the undergraduate medical curriculum ⁽⁵⁾ a UK-wide consensus guidance document on the integration of substance misuse in the undergraduate medical curriculum agreed and endorsed by the General Medical Council and cited in Tomorrows Doctors 2009. Funding sought to implement the guidance.

Phase 2: Implementation 2008-12

Aims:

- to support medical schools in integrating and implementing the *Substance misuse in the undergraduate medical curriculum* ⁽⁵⁾ guidance into their curricula
- to promote the development of a self-sustaining network of all English medical schools willing to pursue change in their curricula
- to complete and validate the teaching and learning resources (Toolkit & Factsheets) produced to advance the implementation programme

Achieved through appointment of curriculum co-ordinators in participating medical schools, funded by the Department of Health, who worked with local academic champions to identify the suitability of current substance misuse teaching and to recommend and support changes to ensure that substance misuse issues were fully covered in line with national guidance.

Mapping of teaching in the 18 participating schools was aligned to the national substance misuse key learning outcomes grouped into six key learning areas: ⁽⁶⁾

Learning outcomes area	Number of SM teaching sessions	Average per school (n=18)
Bio-psycho-social models of addiction	958	53
Professionalism, fitness to practice, and students' own health	418	23
Clinical assessment of patients	942	52
Treatment interventions	921	51
Epidemiology, public health and society	578	32
Specific disease and speciality topics	846	478

Results:

Mapping identified variation in the instances and provision of teaching between schools and within schools, as well as areas needing further development.

Common areas for all schools requiring further development included iatrogenic addiction; professionalism, self-care and fitness to practice; attitudes and issues relating to stigma; child related issues and social consequences. Changes relevant for each participating school were implemented.

Changes implemented:

- ✓ Integration of substance misuse teaching into general medical teaching modules for example in obstetrics and gynaecology.
- ✓ Teaching cases developed - one on chronic low back pain and long term pain medication prescribing with a learning objective specific to iatrogenic addiction.
- ✓ Virtual patient on professionalism – student having problems with alcohol/other drugs.
- ✓ Lectures - concepts and definitions such as addiction and dependency, the misuse of prescription drugs, street drugs etc.
- ✓ Independent online learning resources – addiction study guide – from diagnosis to treatment plan.
- ✓ Use of external speakers from organisations such as the Sick Doctors Trust, service users from drug services and others.
- ✓ Holdings of medical school library collections assessed on substance misuse with recommendations for withdrawals, purchase of new or updated texts and the inclusion of links to key free downloadable reports on library systems.^(6,7)

Conclusions:

This major initiative has enhanced the training and education of student doctors, and established a solid basis for substance misuse teaching, producing a number of clear and important positive outcomes:⁽⁷⁾

- ✓ An agreed high-level curriculum established across all UK medical schools for the first time, and where appropriate some learning objectives have been revised and aligned more closely.
- ✓ Substantial improvements in the extent and quality of teaching and training of all doctors taught in those schools, across a wide range of drug and alcohol issues which have already influenced the learning of at least 47,000 future doctors; and benefits will continue to accumulate over time.
- ✓ Raised awareness across the medical school curriculum committees of the importance of including drugs and alcohol learning in order to have a broad and integrated curriculum for future doctors.
- ✓ Practical and flexible teaching and training materials have been developed and validated by experts with the support of the trainee doctors.

Phase 3: Sustainability 2013-14

Aim: to sustain the positive changes implemented in the teaching of substance misuse so that future graduating medical students continue to be better equipped to deal with substance misuse issues. Supported by the National Treatment Agency & the Society for the Study of Addiction.

Activities being undertaken

- Development of an academic network of those teaching substance misuse to embed changes in curricula and champion substance misuse teaching within their schools.
- Updating of the learning resource factsheets and development of new titles and for these to be hosted on an online open access portal.

References

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